UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF MISSISSIPPI

CURT	IS GIOVANNI FLOV	WERS Plaintiff		
v.			CIVIL ACTION NO.	4:21CV110-M-V
DOUG	EVANS, et al.	Defendant		
	APPL	ICATION FOR ADMISSIO	N PRO HAC VIC	E
(A)	Name:	W. David Maxwell		
	Firm Name:	Hogan Lovells US LLP		
	Office Address:	555 Thirteenth Street, NV	V	
	City:	Washington	DC State_	Zip
	Telephone:	202-637-3218	Fax:	-5910
	E-Mail:	david.maxwell@hoganlovells.com		
(B)	Client(s):	Curtis Giovanni Flowers		
	Address:			
	City:		State	Zip

Have you had a prior or continuing representation in other matters of one or more of the clients you propose to represent, and is there a relationship between those other matter(s) and the proceeding for which you seek admission?

Mr. Maxwell previously represented Plaintiff, Curtis Flowers, in Supreme Court of Mississippi Action No. 2015-DR-00591-SCT as one of his post-conviction counsel. This current proceeding follows as a result of the wrongful investigation and prosecution of Mr. Flowers, directly related to his post-conviction proceedings. His intimate understanding of the issues of Mr. Flowers's post-conviction claims are directly related to this action and should be considered with the admission of his application to this honorable Court.

Do you have any special experience, expertise, or other factor that you believe makes it particularly desirable that you be permitted to represent the client(s) you propose to represent in this case?

Mr. Maxwell is representing Mr. Flowers on a pro bono basis.

(C)	I am admitted to	practice in the:
		State of
	V	District of Columbia

and I am currently in good standing with that Court. A certificate to that effect, issued by the appropriate licensing authority within ninety days of the date of this Application, is enclosed; the physical address, telephone number and website/email address for that admitting Court are:

District of Columbia Court of Appeals/District of Columbia Bar 901 4th Street, NW Washington, DC 20001

Telephone Number: 202-737-4700

Website: dcbar.org

Email address: coa@dcappeals.gov

All other courts before which I have been admitted to practice:

	Jurisdiction Period of		of Admission		
Please s	ee attached Exhibit A.				
(D)	Have you been denied admission pro hac vice in this state?		Yes	No •	
	Have you had admission pro hac vice revoked in this state?		\bigcirc	\odot	
	Has Applicant been formally disciplined or sanctioned by any oin this state in the last five years?	court	\bigcirc	•	
name and f	e answer was "yes," describe, as to each such proceeding, the nature of the person or authority bringing such proceedings; the dates to finally concluded; the style of the proceedings; and the findings mection with those proceedings:	he proce	edings v	vere initiate	ed
N/A.					
(E)	Has any formal, written disciplinary proceeding ever been		Yes	No	
\ -/	brought against you by a disciplinary authority in any other jurisdiction within the last five years?		\bigcirc	•	

If the answer was "yes," describe, as to each such proceeding, the nature of the
allegations; the name of the person or authority bringing such proceedings; the
date the proceedings were initiated and finally concluded; the style of the
proceedings; and the findings made and actions taken in connection with those
proceedings.

N/A.

N/A.

(F)	Have you been formally held in sanctioned by any court in a wri	•	Yes	No
	for disobeying its rules or order. If the answer was "yes," describ		eations	
	the name of the court before wh contempt order or sanction, the court's rulings (a copy of the wattached to the application).	ich such proceedings were cor caption of the proceedings, an	nducted; the date d the substances	of the of the
	N/A.			
(G)		ng in which you have filed an a n the preceding two years, as f		oceed
Name	and Address of Court	Date of O	utcome of Applic	cation

Application

(H)	Please identify each case in which you have appeared as counsel pro hac vice in
	this state within the immediately preceding twelve months, are presently appearing
	as counsel pro hac vice, or have pending applications for admission to appear pro
	hac vice, as follows:

Name and Address of Court	Style of Case	
N/A.		

		Yes	No
(I)	Have you read and become familiar with all the LOCAL UNIFORM CIVIL RULES OF THE UNITED STATES DISTRICT COURTS FOR THE NORTHERN AND SOUTHERN DISTRICTS OF MISSISSIPPI?	•	0
	Have you read and become familiar with the MISSISSIPPI RULES OF PROFESSIONAL CONDUCT?	•	\circ

(J) Please provide the following information about the resident attorney who has been associated for this case:

Name and Bar Number Robert B. McDuff (MS Bar No. 2532)

Firm Name: Mississippi Center for Justice

Office Address: 767 North Congress Street

City: Jackson State: MS Zip: 39202

Telephone: 601-259-8484 Fax:

Email address: rbm@mcdufflaw.com

(K) The undersigned resident attorney certifies that he/she agrees to the association with Applicant in this matter and to the appearance as attorney of record with Applicant.

/s/ Robert B. McDuff
Resident Attorney

I certify that the information provided in this Application is true and correct.

10/20/21 Date

Applicant's Handwritten Signature

Unless exempted by Local Rule 83.1(d)(5), the application fee established by this Court must be enclosed with this Application.

CERTIFICATE OF SERVICE

The undersigned Resident Attorney certifies that a copy of this Application for Admission

Pro Hac Vice has been mailed or otherwise served on this date on all parties who have appeared in this case.

This the 2nd day of November, 20_1.

/s/ Robert B. McDuff

Resident Attorney